

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001070

FILED JAN 23 1963

Registration District No.

128

Primary Registration District No.

2005

Registrar's No.

84

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0397

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 3 days	c. CITY OR TOWN Galena
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#1
3. NAME OF DECEASED (Type or print) First Janet Middle Kay Last Brown		4. DATE OF DEATH Month January Day 14 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/16/62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Child	9. AGE (last birthday) Months 3 Days 28
11a. FATHER'S NAME John Brown		11b. MOTHER'S MAIDEN NAME Bonetta Stanley	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		12b. SOCIAL SECURITY NO. John Brown, Galena, Missouri R#1	
13. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchopneumonia DUE TO (c)		14. NAME OF HUSBAND OR WIFE John Brown, Galena, Missouri R#1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield, Mo
21. I attended the deceased from 1/11/63 to 1/14/63 and last saw live on 1/14/63 Death occurred at 6:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 1/17/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/14/63	23c. NAME OF CEMETERY OR CREMATORY Masonic
24. FUNERAL DIRECTOR Manlove Funeral Home, Crane, Mo		25. DATE RECD. BY LOCAL REG. 1-22-63	26. REGISTRAR'S SIGNATURE Effie E. Meeter

(Licensed Embalmer's Statement on Reverse Side)

Permit 1-14-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

ROBERT H. BATES III

Student Embalmer No.

673

working under my personal supervision.

Student

Robert H. Bates III
Signature of Student Embalmer

Signed

Eric M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

EMBR- If this body is not embalmed, fact should be so stated above.